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Bib Data Sheet

CONFIRMATION NO. 3855

SERIAL NUMBER 10/090,358	FILING OR 371(c) DATE 03/04/2002 RULE	CLASS 604	GROUP ART UNIT 3761	ATTORNEY DOCKET NO. VAC.702.US
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**APPLICANTS**

David Tumey, San Antonio, TX;

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/273,587 03/05/2001

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 03/22/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	TX	2	10	2
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

60402

**TITLE**

NEGATIVE PRESSURE WOUND TREATMENT APPARATUS AND INFECTION IDENTIFICATION SYSTEM AND METHOD

FILING FEE RECEIVED 2686	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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